

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>SL</i>	698101	3/31
O.I.P.E. CLASSIFIER		2-0	
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>SL</i>	56222	5-19-68

INDEX OF CLAIMS

✓ Rejected N
 = Allowed I
 - (Through numeral)... Canceled A
 + Restricted O

None entered
 interference
 Appeal
 Deceased

Claim	Final	Original	Date
1	✓	✓	3/31
2	✓	✓	3/31
3	0	0	3/31
4	0	0	3/31
5	0	0	3/31
6	✓	✓	3/31
7	✓	✓	3/31
8	0	0	3/31
9	0	0	3/31
10	✓	✓	3/31
11	0	0	3/31
12	✓	✓	3/31
13	0	0	3/31
14	0	0	3/31
15	0	0	3/31
16	0	0	3/31
17	✓	✓	3/31
18	✓	✓	3/31
19	✓	✓	3/31
20	0	0	3/31
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Best Available Copy

If more than 150 claims or 10 actions
 staple additional sheet here